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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |  |                        |                        |
|--|--|------------------------|------------------------|
|  |  | Application Number     | 10/660,955             |
|  |  | Filing Date            | September 11, 2003     |
|  |  | First Named Inventor   | Christopher J. Buehler |
|  |  | Art Unit               | 2621                   |
|  |  | Examiner Name          | Phillipe, Gims         |
| Total Number of Pages in This Submission |  | Attorney Docket Number | ITV-003                |

## ENCLOSURES (Check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Landscape Table on CD   |   |
| <input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application   | <input type="checkbox"/> Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                     |          |        |
|--------------|---------------------|----------|--------|
| Firm Name    | GOODWIN PROCTER LLP |          |        |
| Signature    | /Joel E. Lehrer/    |          |        |
| Printed name | Joel E. Lehrer      |          |        |
| Date         | June 7, 2007        | Reg. No. | 56,401 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 7, 2007

Electronic Signature for Joel E. Lehrer: /Joel E. Lehrer/